



**PROTECT THE
PROTECTOR**

IN PARTNERSHIP WITH  SBMA |  DELTA DENTAL |  VSP

Benefits Guide

Plan Year: 06/01/2025 – 05/31/2026

version: 04212025-1



Crafted by: **TRIFORTA**

TRIFORTA: Transforming Insurance with Expertise and Technology



Who We Are

Triforta is a dynamic, nationwide insurance agency with a rich legacy and a forward-thinking approach. We are a cohesive team of veteran insurance experts, financial planners, and technology enthusiasts, united to deliver unparalleled insurance solutions. Our extensive experience spans decades, making us seasoned industry professionals, yet we operate with the agility and innovation of digital natives.



Advantages

Protect the Protector 4.0

Provides the ultimate **benefits package** for 1099 Life Insurance Agents within qualified organizations, including:



Expanded

Coverage available and licensed in all 50 states



Enhanced

Affordable coverage, expanded options and no Association Membership fees required



Compliance

Meets the ACA mandate compliance requirements, providing agents with affordable benefits



Simple

Our team makes the process easy for you, with benefits education, enrollment, eligibility management, member billing, premium remittance and enrollment audits.

What's new for 2025 – 2026?

We are pleased to
introduce several new
enhancements.



New Major Medical Plan, including hospitalization



New Expanded Telehealth, Counseling, and Psychiatry Benefits



Three great MEC package options to choose from



Two Delta Dental plan options



Your VSP Vision plan



Supplemental Plans from Manhattan Life including:

- Accident
- Critical Illness
- Cancer Assist
- Short-Term Disability

Who is eligible?



If you are a **SFG Agent**, you're eligible to enroll in the benefits outlined in this guide.

- **Full-time agents** are those who have fully onboarded with Symmetry.
- Eligible family members include:
 - Your Spouse or Domestic Partner
 - Your Dependent Child(ren)

Welcome to Open Enrollment

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits outside the open enrollment period.

Qualifying events include things like:



Marriage, divorce or legal separation



Birth or adoption of a child



Change in child's dependent status



Death of a spouse, child or other
qualified dependent



Change in residence



Change in agent status or a change in
coverage under another
employer-sponsored plan



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Your Medical Plans

Plan year: 06/01/2025 – 05/31/2026



TRIFORTA

Choose your preferred doctors and appointment times.

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You have the option to choose a primary care provider (PCP) to guide your care.
(It is recommended but not required.)



You can see a specialist **without** a referral.



Using doctors and healthcare facilities in the network will keep your costs lower



You can choose doctors or facilities that are not a part of the network, but your costs will be much higher.



You have access to the national network of labs, x-ray and radiology centers, plus **75% potential savings** through in-network labs.*



Nationwide in-network coverage for emergency care

*Savings estimate is based on national 2023 averages of participating facilities. Savings will vary.

**Plans may vary; see your employer's plan documents for details related to your specific medical plan.

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Ultimate MEC PPO

Summary of Benefits

A health plan that lets you choose which doctors to see and when

Participating Providers:



www.multiplan.com/sbmaspecificservices



Click "Find a Provider" located in the top right corner of the site or call



1-888-263-7543 for a list of network providers

*ELITECARE with GL/Ultimate MEC PPO Plan

Benefits Summary

In-Network

PCP/Specialist*

- \$15/\$15 copay, then plan pays 100%
- **Unlimited Visits**

Preventive Care*

- No Copay, No Deductible, plan pays 100%

Telehealth

- \$0 copay per Visit, deductible does not apply
- **Unlimited Visits**

Urgent Care/ Convenience Care*

- \$50 copay, then plan pays 100%
- **Unlimited Visits**

Labs & X-Rays*

- \$50 copay, then plan pays 100%
- **Unlimited Visits**

**The MEC plan excludes out-of-network services and covers only the services listed above and on the covered services page.*

Protect the Protector 4.0



Value MEC PPO
Summary of Benefits

NEW

A health plan that lets you choose which doctors to see and when

Participating Providers:



www.multiplan.com/sbmaspecificservices



Click **"Find a Provider"** located in the top right corner of the site or call



1-888-263-7543 for a list of network providers

*VALUECARE with GL/ Value MEC PPO Plan

Benefits Summary

In-Network

PCP/Specialist*

- \$15 Copay PCP / then plan pays 100%
- **3 visits per year**, (then discounts apply)
- *Specialist (Network Discounts Apply)

Preventive Care*

- No Copay, No Deductible, plan pays 100%

Telehealth

- \$0 copay per Visit, deductible does not apply
- **Unlimited Visits**

Urgent Care/ Convenience Care*

- \$50 copay, then plan pays 100%
- **3 visits per year**

Labs & X-Rays*

- Network Discounts Apply

**The MEC plan excludes out-of-network services and covers only the services listed above and on the covered services page.*

Protect the Protector 4.0



Basic MEC PPO

Summary of Benefits

A health plan that lets you choose which doctors to see and when

Participating Providers:



www.multiplan.com/sbmapreventiveservices



Click “Find a Provider” located in the top right corner of the site or call



1-888-263-7543 for a list of network providers

*WELLCARE with GL/Basic MEC PPO Plan

Benefits Summary

In-Network

PCP/Specialist*

○ Not Covered

Preventive Care*

○ No Copay, No Deductible, plan pays 100%

Telehealth

○ \$0 copay per visit, ded. Does not apply
○ Unlimited Visits

Urgent Care/ Convenience Care*

○ Not Covered

Labs

○ Covered when part of Annual Preventive Care visit

Rx Discount Program

○ Offers discounts up to 80% on most FDA-approved prescription medications.

**The MEC plan excludes out-of-network services and covers only the services listed above and on the covered services page.*

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Hospital Indemnity PPO

Summary of Benefits

A health plan that lets you choose which doctors to see and when



Participating Providers:



www.firsthealthbp.com



Click “Find a Provider” located in the top right corner of the site or call



1-800-508-3238 for a list of network providers

*Globe Life – Group Limited Hospital Indemnity

Hospital Benefits

Benefits Summary

In-Network

Annual Deductible

○ Does Not Apply

Hospital Confinement Benefit

○ \$1,000 Benefits Payment Per Day
○ Max of 30 days per year

Hospital Intensive Care Unit Confinement Benefit

○ \$1,250 Benefits Payment Per Day
○ Max of 10 days per year

Hospital Admission Benefit

○ \$2,000 Benefits Payment Per Occurrence
○ Max of 1 occurrence per year

Surgery Benefits

Benefits Summary

In-Network

Annual Deductible

○ Does Not Apply

Inpatient Surgery Benefit (Incl. Maternity)

○ \$1,000 Benefits Payment Per Day
○ Max of 2 days per year

Outpatient Surgery Benefit

○ \$500 Benefits Payment Per Day
○ Max of 1 day per year

Anesthesia Benefit

○ \$300 Benefits Payment Per Day
○ Max of 1 day per year

Emergency Benefits

Benefits Summary

In-Network

Annual Deductible

○ Does Not Apply

Emergency Room – Sickness

○ \$100 Benefits Payment Per Occurrence
○ 2 days per year

Emergency Room – Accident / Injury

○ \$150 Benefits Payment Per Occurrence
○ 2 days per year

Ambulance Service – Ground / Air

○ \$500 / \$1,500 Benefits Payment Per Occurrence
○ Max of 2 (ground) / 1 (air) occurrence per year

*Payments for eligible approved covered services will be issued as reimbursements by submission of a claim form.



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Your Rx Benefits Ultimate & Value Care MEC Plans



TRIFORTA

It's easier to fill your prescriptions!

30-day fills



Get a 30-day prescription for your maintenance medication.



Take your prescription to any retail pharmacy in your network.



Receive your medication.

90-day fills



Get a 90-day prescription for your maintenance medication.



Take your prescription to a 90-day retail pharmacy in your network, or have your doctor send to our home delivery pharmacy.*

Changing pharmacies? Your new pharmacy will contact your current pharmacy to have your active 90-day prescription transferred.



Receive your medication in a 90-day supply for convenience.

*Plans vary, so some plans may not include home delivery service. Please check your plan materials for more information on what pharmacies are covered under your plan.

Prescription Costs Ultimate & Value MEC Plans Only



| Ultimate MEC PPO Plan | |
|--|------------------------|
| In-network | Retail (30-day supply) |
| Tier 1 Consists of lowest cost tier of prescription drugs, most are generic | You pay \$15 |
| Tier 2 Consists of medium-cost prescription drugs, most are generic and some brand name prescription drugs | You pay \$30 |
| Tier 3 High-cost prescription drugs, most are brand-name prescription drugs | You pay \$50 |
| Tier 4 Higher-cost prescription drugs, most are brand-name prescription drugs and some specialty drugs | You pay \$75 |
| Out-of-network | Covered |

Formulary Changes: To help provide our customers with access to safe, high-quality and cost-effective prescription benefits, it is necessary to classify some drugs as preferred and others as non-preferred drugs on the PureRx formulary.

Access our full formulary at <https://www.sbmabenefits.com/purrx-enhanced/> to see how your medication is classified.

National Chain Pharmacy Listing

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| | | | |
|--------------------------|-----------------------------|-----------------------------|--------------------------|
| ▶ Albertsons | ▶ Fred Meyer Pharmacy | ▶ Ingles Markets Pharmacy | ▶ Sam's Club Pharmacy |
| ▶ Bartell Drugs | ▶ Fred's Pharmacy | ▶ King Scoopers Pharmacy | ▶ Save-Mor |
| ▶ Bashas' | ▶ Fry's Food and Drug | ▶ Knight Drugs | ▶ Shoprite Pharmacy |
| ▶ Baylor Scott and White | ▶ Genoa Healthcare | ▶ Kroger Pharmacy | ▶ Smith's Pharmacy |
| ▶ Brookshires Pharmacy | ▶ Giant Eagle Pharmacy | ▶ Maxor Pharmacy | ▶ Stop & Shop Pharmacy |
| ▶ City Market | ▶ Giant Pharmacy | ▶ Medicap Pharmacy | ▶ Thrifty White Pharmacy |
| ▶ Costco Pharmacy | ▶ Hannaford Food and Drug | ▶ Medicine Shoppe Pharmacy | ▶ Tom Thumb Pharmacy |
| ▶ Cub Pharmacy | ▶ Harps Pharmacy | ▶ Navarro Discount Pharmacy | ▶ U Save It |
| ▶ CVS Pharmacy | ▶ Harveys Supermarket | ▶ Pick N Save Pharmacy | ▶ Vons Pharmacy |
| ▶ Dillon Pharmacy | ▶ H-E-B Grocery | ▶ Pillpack | ▶ Walgreens |
| ▶ Duane Reade | ▶ Henry Ford Medical Center | ▶ Publix Super Market | ▶ Walmart |
| ▶ Food City Pharmacy | ▶ Homeland Pharmacy | ▶ Rite Aid Pharmacy | ▶ Wegman Food Market |
| ▶ Food Lion Pharmacy | ▶ Hy-Vee | ▶ Safeway Pharmacy | ▶ Winn Dixie |



This is a list of the national chain pharmacies that participate in the PureRx commercial pharmacy network including more than 60,000 in-network retail pharmacies.. Many independent pharmacies across the United States also participate in our network. This list is subject to change. To determine if a pharmacy is in our network, please log into the portal.



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New Major Medical Plan

Plan year: 06/01/2024 – 05/31/2025



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MAJOR MED PLAN

Summary of Benefits

NEW

A health plan that lets you choose which doctors to see and when



Participating Providers:



www.multiplan.com/sbmapa



Click "Find a Provider" located in the top right corner of the site or call



1-800-454-5231 for a list of network providers

1 The Out-of-Pocket Maximum does not include costs for services that are not covered under the plan, non-preferred brand and specialty prescription drugs, and amounts exceeding the Medicare Allowable Payment for applicable services.

*Advantage MV PPO Plan

Benefits Summary

In-Network

Annual Deductible
Out-of-Pocket Maximum

- \$1,500 individual / \$3,000 family
- \$9,100 individual / \$18,200 family

PCP/Specialist Visits

- \$15 copay per visit,
- **Unlimited Visits**

Preventive/Wellness Care

- No Copay, No Deductible, plan pays 100%

Telemedicine

- \$0 copay per visit, ded. Does not apply
- **Unlimited Visits**

Urgent Care/Convenience Care

- \$50 copay per visit

Emergency Services
(limit 1 per year)

- \$500 copay per visit

Diagnostic Services including Labs,
X-Rays and other Imaging

- \$50 copay per visit

Inpatient Hospital Services & Surgery
(limit 5 days & 2 surgeries per year)

- \$500 Copay per admission (after the Ded.)

Outpatient Surgery
(limit 1 per year)

- \$250 Copay (after the Ded)

*The Major Med Plan includes limited out-of-network benefits and covers only the services listed above and on the covered services page. Limitations apply, see certificate of coverage for complete details.

MAJOR MED PLAN – Advantage MV PPO Plan

(Summary of Benefits – continued)

Additional Coverage Information

| Benefits Summary | In-Network |
|---|---|
| Primary care visit to treat an injury or illness – Unlimited Visits | \$15 copay per visit |
| Specialist visit – Unlimited Visits | \$15 copay per visit |
| Preventive care/screening/immunization | \$0, Covered 100% |
| Diagnostic test (x-ray, blood work) | \$50 copay |
| Imaging (CT/PET scans, MRIs) | \$350 copay, subject to reference-based pricing ² |
| Medications/Rx – Generic (tier 1) | \$10 copay |
| Medications/Rx – Higher Tier Generics, Preferred Brand, Non-Preferred Brand & Specialty | Discount only |
| Outpatient Hospital Services (e.g., ambulatory surgery center) & Physician / surgeon fees) limit 1 per year | \$250 copay, after deductible is met, subject to reference-based pricing ² |
| Emergency room care – limit 1 visit per year | \$500 copay, subject to reference-based pricing ² |
| Emergency medical transportation (ground only) limit 1 per year | \$500 copay, subject to reference-based pricing ² |
| Urgent care – Unlimited Visits | \$50 copay |

Additional Coverage Information

| Benefits Summary | In-Network |
|--|---|
| Hospital Stay – Facility fee (e.g., hospital room) & Physician / surgeon fees (<i>limits apply</i>) | \$500 copay, after deductible is met, subject to reference-based pricing ² |
| Mental Health / Outpatient services (limit 8 per year) | \$75 copay |
| Mental Health / Inpatient services (limit 5 per year) | \$500 copay, after deductible is met, subject to reference-based pricing ² |
| Pregnancy Office Visits | \$0 for preventive, otherwise, \$15 copay per visit |
| Childbirth / delivery professional services | \$350 copay |
| Childbirth / delivery facility services | \$1,500 copay, after deductible is met, subject to reference-based pricing ² |
| Home health care (limit 10 per year) | \$50 copay |
| Rehabilitation / Habilitation services (limit 8 combined per year) | \$50 copay |
| Skilled nursing care, Durable medical equipment, Hospice services | Not Covered |
| Chiropractic services (limit 10 per year) | \$50 copay |
| Abortion, Acupuncture, Bariatric Surgery, Care with traveling outside US, Chemotherapy/Radiation Treatment, Cosmetic Surgery, Dialysis, Infertility, Long-Term Care, Transplants | Not Covered |

2. Coverage will be limited to 125% of the Medicare Allowable Payment. If the provider does not accept the Medicare Allowable Amount, members will be balance billed. Members may also be balance billed for any amounts exceeding 125% of the Medicare Allowable Payment. 3 Preauthorization required – Failure to obtain preauthorization may result in a denial of benefits.

Use Telehealth for 24/7 Care

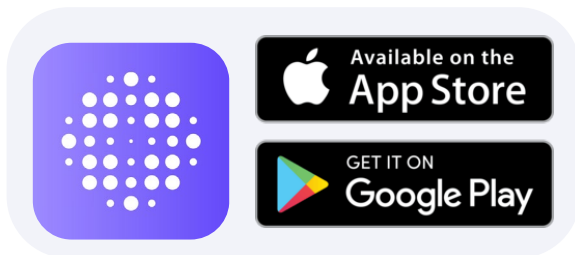
Your **Protector 4.0** health plan includes telehealth services. Because telehealth is such a convenient and effective option, Carriers have lowered costs and expanded available services.

Connect with a board-certified provider via phone or video chat, when, where and how it works best for you.

When: 24/7/365 day or night, weekends + holidays

How: Phone or video chat

Recuro Care by WellVia



Providers are solely responsible for any treatment provided. Not all providers have video chat capabilities. Video chat is not available in all areas. These services are separate from the health plan's provider network. Telehealth services may not be available in all areas or under all plan types. A primary care provider referral is not required for telehealth services.

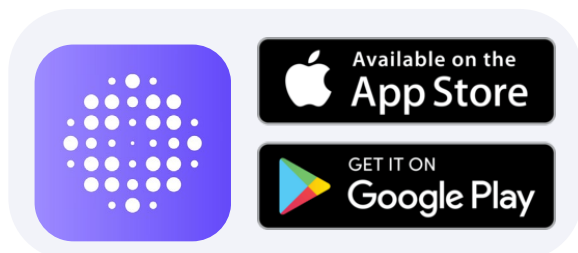


EAP Plan packaged with Ultimate & Value MEC Plans and The Major Medical Plan

Support for Emotional Well-Being

- Comprehensive program includes:*
 - **Three (3) virtual visits** with a licensed mental health provider in Freshbenies Agent assistance program network
 - \$50 Copay applies (1-3 visits, \$85 after)
 - **Live chat** with an Agent assistance program advocate
 - **Telephone counseling** and access to work-life resources
 - **Help anytime you need it at 1.855.6RECURO**
- Virtual visits by phone or video with a licensed therapist or psychiatrist
- Convenient, discreet access at a fraction of typical in-person visits
- Establish an ongoing relationship or use for specific, temporary support
- Get support for anxiety, depression, stress/PTSD, panic disorder, grief, family & marriage issues, and more

Recuro Care by WellVia



*Agent assistance program services are in addition to, not instead of, your health plan benefits. These services are separate from your health plan benefits and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply. Program availability may vary by plan type and location and are not available where prohibited by law.





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Ancillary Benefits

Dental + Vision + Supplemental Plans



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Dental Insurance

Premier PPO Dental Plan



Delta Dental is a Premier Dental plan and widely accepted by nearly every dentist throughout the country.



Freedom to Choose. With Delta Dental you have the freedom to choose any licensed dentist you want



In-Network Providers. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the Delta DPPO Network, typically receive 20% - 25% off usual service charges and a higher annual maximum.



Delta Dental

Features

- 2 Cleanings Per Year
- Periodontics covered at 80% InNet
- Endodontics covered at 80% InNet
- Family deductible
 - 3 times the per person

Find a dentist:

- To find a dentist in the Delta Dental Network, visit www.deltadental.com or call 1-800-765-6003

| Delta Dental | 1500 Plan | |
|--|----------------------------|----------------------|
| Type of service | In-Network | *Non-Network |
| Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Full Mouth X-Rays; Fluoride Treatments (Frequency limitations apply); Space Maintainers | 100% no deductible | 80% no deductible |
| Deductible Individual/Family Waived for Preventive? | \$50 / \$150 Yes | \$100 / \$300 Yes |
| Basic Services Fillings; Simple Extractions; Oral Surgery; Periodontics; Root Canals (Endodontics); Sealants | 80% after ded | 50% after ded |
| Major Services Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures; Implants | 50% after ded | 50% after ded |
| Major Services Waiting Periods | None for timely applicants | |
| Annual Maximum | \$1,500 | \$1,500 |

*Non-participating dentists can bill you for charges above the amount covered by your Dental plan. If a member sees an out-of-network dentist, coinsurance will apply to the Usual, Customary and Reasonable Amount. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.



Lower Cost Option

Features

- 2 Cleanings Per Year
- Periodontics covered at 80% InNet
- Endodontics covered at 80% InNet
- Family deductible
 - 3 times the per person

Find a dentist:

- To find a dentist in the Delta Dental Network, visit www.deltadental.com or call 1-800-765-6003

| Delta Dental | 1000 Plan | |
|--|----------------------------|----------------------|
| Type of service | In-Network | *Non-Network |
| Preventive & Diagnostic Exams; Cleanings; Bitewing X-Rays; Full Mouth X-Rays; Fluoride Treatments (Frequency limitations apply); Space Maintainers | 100% no deductible | 80% no deductible |
| Deductible Individual/Family Waived for Preventive? | \$50 / \$150 Yes | \$100 / \$300 Yes |
| Basic Services Fillings; Simple Extractions; Oral Surgery; Periodontics; Root Canals (Endodontics); Sealants | 80% after ded | 50% after ded |
| Major Services Crowns & Gold Restorations; Bridgework; Full & Partial Dentures; Repair of Dentures; Implants | 50% after ded | 50% after ded |
| Major Services Waiting Periods | None for timely applicants | |
| Annual Maximum | \$1,000 | \$1,000 |

*Non-participating dentists can bill you for charges above the amount covered by your Dental plan. If a member sees an out-of-network dentist, coinsurance will apply to the Usual, Customary and Reasonable Amount. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

Vision Insurance





VSP Vision 130

Visit www.vsp.com to locate VSP doctors close to you -- or to see if your current eye care professional is in the VSP network. You'll need to choose the **"Choice"** doctor network to view the VSP doctors for your coverage. Or call **800-877-7195**.

| VSP | Vision130 | |
|---|---|---|
| Type of service | In-Network | Non-Network |
| Exam with dilation as necessary | \$10 Copay | Up to \$45 |
| Contact lens exam options <ul style="list-style-type: none">○ Standard contact lens fit & follow-up○ Premium contact lens fit & follow-up | Up to \$60 Copay | Up to \$30 Up to \$30 |
| Frames | \$130 allowance 20% off balance over \$130 | \$70 allowance |
| Standard Lenses | \$25 Copay | Up to \$30 |
| Contact Lenses (applies to materials only) Conventional | \$130 allowance, 15% off balance over \$130 | \$105 allowance (in lieu of lens and frame benefit) |
| Examination Lenses or contact lenses Frame | Once every 12 months Once every 12 months Once every 24 months | Once every 12 months Once every 12 months Once every 24 months |

Vision Additional Features





Fringe Benefits

Supplemental Plans

We take great pride in offering an industry leader in voluntary, agent benefits for our agents.

While Symmetry offers great benefits, some agents may want to purchase additional coverage including:

-  Group Accident Insurance
-  Critical Illness
-  Cancer Assist
-  Disability Insurance

*Check the enrollment portal for additional details on these great benefits

With these coverages you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses. Coverage options are available for you, your spouse and eligible dependent children.



Accident Indemnity Plus Coverage

Two levels to choose from:

- Standard
- Premier

Issue Ages:

18 – 69

Termination Age:

Age 70, unless

Guarantee Issue

Participation:

Minimum five enrolled

| | Standard | Premier |
|---|---|---|
| Urgent Care | \$100 | \$200 |
| Doctor's Office Visit | \$75 | \$150 |
| Emergency Room Treatment | \$75 | \$150 |
| Ground Ambulance | \$100 | \$300 |
| Air Ambulance | \$600 | \$1,000 |
| First Hospitalization Benefit | \$500 | \$1,500 |
| Intensive Care Unit Admission | \$1,000 | \$3,000 |
| Hospital Confinement | \$125 per day | \$375 per day |
| Intensive Care Unit Confinement | \$250 per day | \$750 per day |
| Rehabilitation – Admission: Daily Benefit/Confinement: | \$500 \$100 | \$1,500 \$200 |
| Physical Therapy | \$15 | \$45 |
| Chiropractic Treatment | \$30 per day | \$45 per day |
| Accident Follow-up Treatment | \$25 per visit/max of 2 per accident | \$50 per visit/max of 4 per accident |
| Blood and Plasma | \$50 | \$150 |
| Major Diagnostic – X-Ray: Medical Imaging: EEG: | \$50 \$100 \$100 | \$100 \$200 \$200 |
| Exploratory Surgery Without Repair | \$100 | \$300 |
| Concussion | \$100 | \$300 |
| Coma | \$5,000 | \$12,500 |
| Ruptured Disc | \$200 | \$500 |
| Medical Appliances | \$50 | \$150 |
| Prosthesis – Single: Multiple: | \$250 \$500 | \$750 \$1,500 |
| Transportation – Train or Plane: Bus: | \$100 \$50 | \$400 \$200 |
| Family Lodging | \$50 per night | \$150 per night |

Accident Indemnity Plus Coverage

Two levels to choose from:

| Accidental Death, Dismemberment, and Loss of Sight (AD&D) | Standard | Premier |
|--|-----------|-----------|
| Loss of Life | \$50,000 | \$75,000 |
| Double Dismemberment – Any Combination of Two or More Hands, Foot or Sight | \$50,000 | \$75,000 |
| Single Dismemberment Loss of Single Hand, Foot or Sight | \$12,500 | \$18,750 |
| Loss of Four Fingers of the Same Hand | \$2,500 | \$3,750 |
| Loss of Thumb and Index Finger of the Same Hand | \$500 | \$750 |
| Severance and Reattachment of Hand or Foot | \$500 | \$750 |
| Common Carrier Accidental Death | \$100,000 | \$150,000 |
| Spouse benefit 50% and dependent child(ren) 25% of the employee amounts. | | |

| Fractures (Closed Reduction) | Standard | Premier |
|------------------------------|--------------------------|--------------------------|
| Hip/Thigh | \$2,000 | \$5,000 |
| Vertebrate (Except Process) | \$1,800 | \$4,500 |
| Pelvis | \$1,600 | \$4,000 |
| Skull (Depressed) | \$1,500 | \$3,750 |
| Skull (Simple) | \$700 | \$1,750 |
| Leg | \$1,200 | \$3,000 |
| Foot/Ankle/Kneecap | \$1,000 | \$2,500 |
| Fore/Hand | \$1,000 | \$2,500 |
| Lower Jaw | \$800 | \$2,000 |
| Shoulder Blade/Collar Bone | \$800 | \$2,000 |
| Upper Arm/Upper jaw | \$700 | \$1,750 |
| Facial Bones (Except Teeth) | \$600 | \$1,500 |
| Vertebral Processes | \$400 | \$1,000 |
| Coccyx, Rib, Finger, Toe | \$160 | \$400 |
| Chips | 25% | 25% |
| Open Reduction | 200% of Closed Reduction | 200% of Closed Reduction |

Accident Indemnity Plus Coverage

Two levels to choose from:

| Dislocations (Closed Reduction) | Standard | Premier |
|-----------------------------------|--------------------------|--------------------------|
| Hip | \$1,350 | \$3,600 |
| Knee (Excluding Patella) | \$975 | \$2,600 |
| Shoulder | \$750 | \$2,000 |
| Foot/Ankle | \$600 | \$1,600 |
| Ankle Joint | \$300 | \$800 |
| Hand | \$525 | \$1,400 |
| Lower Jaw | \$450 | \$1,200 |
| Wrist | \$375 | \$1,000 |
| Elbow | \$300 | \$800 |
| Finger/Toe | \$120 | \$320 |
| Partial | 25% | 25% |
| Open Reduction | 200% of Closed Reduction | 200% of Closed Reduction |
| Repaired Ligament – Single: | \$200 | \$500 |
| Multiple: | \$300 | \$750 |
| Repaired Knee Cartilage – Single: | \$200 | \$500 |
| Multiple: | \$300 | \$750 |
| Repaired Tendon – Single: | \$200 | \$500 |
| Multiple: | \$300 | \$750 |
| Repaired Rotator Cuff – Single: | \$125 | \$375 |
| Multiple: | \$250 | \$750 |

| | Standard | Premier |
|--|----------|----------|
| Burns – Second Degree (<10%): | \$100 | \$300 |
| Second Degree (10%–25%): | \$200 | \$600 |
| Second Degree (25%–35%): | \$500 | \$1,500 |
| Second Degree (>35%): | \$1,000 | \$3,000 |
| Third Degree (<10%): | \$500 | \$1,500 |
| Third Degree (10%–25%): | \$3,000 | \$9,000 |
| Third Degree (25%–35%): | \$5,000 | \$15,000 |
| Third Degree (>35%): | \$10,000 | \$30,000 |
| Paralysis Benefit – Quadriplegia: | \$5,000 | \$12,500 |
| Paraplegia: | \$2,500 | \$6,250 |
| Eye Injury Benefit – Surgical Repair: | \$125 | \$375 |
| Removal of Foreign Body: | \$25 | \$75 |
| Laceration Benefit – Over 6": | \$200 | \$600 |
| 2"–6": | \$100 | \$300 |
| Under 2": | \$25 | \$75 |
| Lacerations not Requiring Stitches: | \$25 | \$75 |
| Emergency Dental Work – Repaired with Crown: | \$100 | \$300 |
| Resulting in Extraction: | \$30 | \$90 |
| Total Disability Premium Waiver | Included | |
| Portability | Included | |



Critical Illness / Cancer Assistance

Benefit Amounts

- Agent: \$10,000 – \$50,000
- Spouse: \$5,000 – \$25,000
 - 50% of Agent election
- Child(ren) \$5,000
 - 50% of Agent election to \$5,000

Issue Ages:

18 – 69

Termination Age:

Age 70, unless actively at work, then on last day of active employment.

Guarantee Issue

Participation:

Minimum five enrolled

Covered Conditions

Percent Payment

| | | |
|-----------------------------------|---|-------|
| Cardiac Benefits | Myocardial Infarction | 100% |
| | Coronary Heart Disease | 25% |
| | Sudden Cardiac Arrest | 100% |
| Cerebral Vascular Disease Benefit | Stroke | 100% |
| | Ruptured Brain Aneurysm | 10% |
| | Transient Ischemic Attack | 10% |
| Cancer | Invasive (CA called Localized Cancer) | 100% |
| | Non-Invasive (CA called Non-localized Cancer) | 25% |
| | Skin Cancer (CA called Non-Melanoma Skin Cancer) | \$250 |
| | 30 day waiting period | |
| Other Specified Illness Category | Benign Brain Tumor | 100% |
| | Major Organ Failure | 100% |
| | End Stage Renal Failure* | 100% |
| | Coma | 100% |
| | Severe Burns | 100% |
| | Permanent Paralysis* | 100% |
| | Functional Loss of Hearing* | 100% |
| | Functional Loss of Speech* | 100% |
| | Functional Loss of Sight* | 100% |
| | Occupational HIV/Hepatitis* (not available in CA) | 100% |

*not eligible for recurrence benefit

Additional Occurrence Benefit

Included

Pre-existing Condition Limitation

12/12

Waiver of Premium for Disability

After 180 days

Portability

Included

Benefit Reduction

Waived

Short-Term Disability Income

Benefit Amounts

Guaranteed Issue up to 60% of base salary to a max benefit of \$1,500 benefit % based on Agent's work location. 60% for all states other than CA/CT/MA/NJ/HI/NY/RI

*(contingencies apply).

Issue Ages:

18 – 70

Termination Age:

Age 70, unless actively at work, then on last day of active work.

12/12 month Pre-Existing condition limitation

Pregnancy treated as any other sickness



Benefit Amount

Agent

Minimum benefit of \$300 and maximum benefit of \$1,500* per month, not to exceed 60% of base monthly income. Benefit % based on Agent's work location. 60% for all states other than CA/CT/MA/NJ/HI/NY/RI

Accident & Sickness – Elimination Period/Duration

▶ 7 Day Accident/7 Day Sickness (Illness)/3-month Duration

▶ 14 Day Accident/14 Day Sickness (Illness)/3-month Duration

Partial Disability

50%, up to 6 months

Recurrent Disability

Recurrs within 180 days

Pre-existing Provision

12/12

Pregnancy

Treated as any other illness

Portability

Included, Not available in AK, VT

Waiver of Premium

After 90 Days



**PROTECT THE
PROTECTOR**

IN PARTNERSHIP WITH  SBMA |  DELTA DENTAL |  VSP

Rates Comparison



TRIFORTA

2024 Average Cost of Medical Plans

Cost Comparison



Agent Only

1 at 34 Years Old

\$746

Per Month

\$8,951

Per Year



Agent + Spouse

2 at 34 Years Old

\$1,492

Per Month

\$17,904

Per Year



Agent + Family

2 at 34 Years Old
2 Children (0-14)

\$2,131

Per Month

\$25,572

Per Year

Ultimate MEC w/GLI

Agent Contributions Medical Plan from 6/1/25– 5/31/26

12 Pay Periods Annually (a \$5.00 per month individual billing fee applies)

| Medical Plans | Ultimate MEC PPO Plan | Group Limited Indemnity (GLI) | Medical Package Total |
|--------------------|--------------------------|----------------------------------|--------------------------|
| Tiers | Agent Cost(s) Per Month | | |
| Agent Only | \$274.65 | | \$274.65 |
| Agent + Spouse | \$529.93 | | \$529.93 |
| Agent + Child(ren) | \$513.12 | | \$513.12 |
| Agent + Family | \$777.64 | | \$777.64 |

**Eligible Dependent Children may be covered up until their 26th Birthday*

NEW ValueCare MEC w/GLI

Agent Contributions Medical Plan from 6/1/25– 5/31/26

12 Pay Periods Annually (a \$5.00 per month individual billing fee applies)

| Medical Plans | Ultimate MEC PPO Plan | Group Limited Indemnity (GLI) | Medical Package Total |
|--------------------|--------------------------|----------------------------------|--------------------------|
| Tiers | Agent Cost(s) Per Month | | |
| Agent Only | \$209.65 | | \$209.65 |
| Agent + Spouse | \$407.93 | | \$407.93 |
| Agent + Child(ren) | \$391.12 | | \$391.12 |
| Agent + Family | \$598.64 | | \$598.64 |

**Eligible Dependent Children may be covered up until their 26th Birthday*

Basic MEC w/GLI

Agent Contributions Medical Plan from 6/1/25– 5/31/26

12 Pay Periods Annually (a \$5.00 per month individual billing fee applies)

| Medical Plans | Basic MEC PPO Plan | Group Limited Indemnity (GLI) | Medical Package Total |
|--------------------|-------------------------|----------------------------------|--------------------------|
| Tiers | Agent Cost(s) Per Month | | |
| Agent Only | \$157.30 | | \$157.30 |
| Agent + Spouse | \$293.86 | | \$293.86 |
| Agent + Child(ren) | \$260.24 | | \$260.24 |
| Agent + Family | \$415.28 | | \$415.28 |

**Eligible Dependent Children may be covered up until their 26th Birthday*

NEW Major Medical Plan

Agent Contributions Medical Plan from 6/1/25– 5/31/26

12 Pay Periods Annually (ach and credit card processing fees apply, approx. 3%)

| Major Medical Plan | Rates |
|--------------------|-------------------------|
| Tiers | Agent Cost(s) Per Month |
| Agent Only | \$497.79 |
| Agent + Spouse | \$965.31 |
| Agent + Child(ren) | \$909.19 |
| Agent + Family | \$1,218.95 |

**Eligible Dependent Children may be covered up until their 26th Birthday*

Agent Contributions

Dental + Vision




Delta Dental

1500 Plan

VSP

Vision 130

Tiers

**Agent Cost(s)
Per Month**

Agent Only

\$46.79

Agent + Spouse

\$93.48

Agent + Child(ren)

\$88.48

Agent + Family

\$143.09

Tiers

**Agent Cost(s)
Per Month**

Agent Only

\$10.55

Agent + Spouse

\$21.09

Agent + Child(ren)

\$22.15

Agent + Family

\$36.95

**Eligible Dependent Children may be covered up until their 26th Birthday*



Lower Cost Dental Option

**Eligible Dependent Children may be covered up until their 26th Birthday*

| Delta Dental | 1000 Plan |
|--------------------|----------------------------|
| Tiers | Agent Cost(s) Per Month |
| Agent Only | \$41.31 |
| Agent + Spouse | \$82.93 |
| Agent + Child(ren) | \$77.91 |
| Agent + Family | \$125.64 |

Accident Indemnity Plus Coverage

Standard

| Tiers | Agent Cost(s) Per Month |
|--------------------|----------------------------|
| Agent Only | \$7.21 |
| Agent + Spouse | \$11.60 |
| Agent + Child(ren) | \$16.14 |
| Agent + Family | \$20.60 |

Premiere

| Tiers | Agent Cost(s) Per Month |
|--------------------|----------------------------|
| Agent Only | \$14.94 |
| Agent + Spouse | \$24.88 |
| Agent + Child(ren) | \$36.40 |
| Agent + Family | \$46.46 |

**Eligible Dependent Children may be covered up until their 26th Birthday*

Critical Illness/ Cancer Coverage



| Issue Age | Employee – UniTobacco | |
|-----------|-----------------------|----------|
| Benefit | \$10,000 | \$20,000 |
| 12-29 | \$4.86 | \$8.42 |
| 30-39 | \$9.14 | \$16.85 |
| 40-49 | \$20.32 | \$38.96 |
| 50-59 | \$39.48 | \$76.89 |
| 60-64 | \$61.29 | \$120.17 |
| 65-69 | \$76.70 | \$150.72 |

| Issue Age | Employee & Spouse – UniTobacco | |
|-----------|--------------------------------|----------|
| Benefit | \$10,000 | \$20,000 |
| 12-29 | \$7.10 | \$12.43 |
| 30-39 | \$13.58 | \$25.15 |
| 40-49 | \$30.48 | \$58.43 |
| 50-59 | \$59.39 | \$115.52 |
| 60-64 | \$92.29 | \$180.61 |
| 65-69 | \$115.55 | \$226.57 |

*Spouse Amount is 50% of Employee Amount.

| Issue Age | Employee & Children – UniTobacco | |
|-----------|----------------------------------|----------|
| Benefit | \$10,000 | \$20,000 |
| 12-29 | \$4.86 | \$8.42 |
| 30-39 | \$9.14 | \$16.85 |
| 40-49 | \$20.32 | \$38.96 |
| 50-59 | \$39.48 | \$76.89 |
| 60-64 | \$61.29 | \$120.17 |
| 65-69 | \$76.70 | \$150.72 |

*Child Amount is 50% of Employee Amount, capped at \$5,000.

| Issue Age | Family – UniTobacco | |
|-----------|---------------------|----------|
| Benefit | \$10,000 | \$20,000 |
| 12-29 | \$7.10 | \$12.43 |
| 30-39 | \$13.58 | \$25.15 |
| 40-49 | \$30.48 | \$58.43 |
| 50-59 | \$59.39 | \$115.52 |
| 60-64 | \$92.29 | \$180.61 |
| 65-69 | \$115.55 | \$226.57 |

*Spouse Amount is 50% of Employee Amount. Child Amount is 50% of Employee Amount, capped at \$5,000.

*Eligible Dependent Children may be covered up until their 26th Birthday

New Disability Income, 3 Month Benefit Period, 7/7 Elimination Period



Displaying Monthly Premiums for Non-Occ Coverage

| Non-Tobacco | | | | | | Tobacco | | | | | |
|-------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Age | | | | | | Age | | | | | |
| Benefit | 18-35 | 36-45 | 46-55 | 56-65 | 66+ | Benefit | 18-35 | 36-45 | 46-55 | 56-65 | 66+ |
| \$300 | \$11.16 | \$11.97 | \$12.63 | \$13.32 | \$16.38 | \$300 | \$13.41 | \$14.40 | \$15.24 | \$16.11 | \$19.89 |
| \$400 | \$14.13 | \$15.21 | \$16.09 | \$17.01 | \$21.09 | \$400 | \$17.13 | \$18.45 | \$19.57 | \$20.73 | \$25.77 |
| \$500 | \$17.10 | \$18.45 | \$19.55 | \$20.70 | \$25.80 | \$500 | \$20.85 | \$22.50 | \$23.90 | \$25.35 | \$31.65 |
| \$600 | \$20.07 | \$21.69 | \$23.01 | \$24.39 | \$30.51 | \$600 | \$24.57 | \$26.55 | \$28.23 | \$29.97 | \$37.53 |
| \$700 | \$23.04 | \$24.93 | \$26.47 | \$28.08 | \$35.22 | \$700 | \$28.29 | \$30.60 | \$32.56 | \$34.59 | \$43.41 |
| \$800 | \$26.01 | \$28.17 | \$29.93 | \$31.77 | \$39.93 | \$800 | \$32.01 | \$34.65 | \$36.89 | \$39.21 | \$49.29 |
| \$900 | \$28.98 | \$31.41 | \$33.39 | \$35.46 | \$44.64 | \$900 | \$35.73 | \$38.70 | \$41.22 | \$43.83 | \$55.17 |
| \$1,000 | \$31.95 | \$34.65 | \$36.85 | \$39.15 | \$49.53 | \$1,000 | \$39.45 | \$42.75 | \$45.55 | \$48.45 | \$61.05 |
| \$1,100 | \$34.92 | \$37.89 | \$40.31 | \$42.84 | \$54.06 | \$1,100 | \$43.17 | \$46.80 | \$49.88 | \$53.07 | \$66.93 |
| \$1,200 | \$37.89 | \$41.13 | \$43.77 | \$46.53 | \$58.77 | \$1,200 | \$46.89 | \$50.85 | \$54.21 | \$57.69 | \$72.81 |
| \$1,300 | \$40.86 | \$44.37 | \$47.23 | \$50.22 | \$63.48 | \$1,300 | \$50.61 | \$54.90 | \$58.54 | \$62.31 | \$78.69 |
| \$1,400 | \$43.83 | \$47.61 | \$50.69 | \$53.91 | \$68.19 | \$1,400 | \$54.33 | \$58.95 | \$62.87 | \$66.93 | \$84.57 |
| \$1,500 | \$46.80 | \$50.85 | \$54.15 | \$57.60 | \$72.90 | \$1,500 | \$58.05 | \$63.00 | \$67.20 | \$71.55 | \$90.45 |

HealthWallet: Your Benefits, Streamlined

All-in-One Mobile Hub for Smarter Healthcare Decisions

○ Agents Benefits Include:

- Digital ID Cards – Instantly access ID cards for all dependents.
- 24/7 Telemedicine – Immediate care, anytime, anywhere.
- Rx Price Shopping – Compare and save on prescriptions in real-time.
- Provider Search & Scheduling – Quickly locate in-network care.
- “Benny” Virtual Assistant – Get benefit questions answered instantly.

Triforta brings this forward-thinking tool to empower Agents and lighten administrative load—delivering smarter healthcare, better outcomes, and higher satisfaction.

Available in App Stores

Learn more at: www.thehealthwallet.com



*Agent assistance program services are in addition to, not instead of, your health plan benefits. These services are separate from your health plan benefits and do not provide reimbursement for financial losses. Customers are required to pay the entire discounted charge for any discounted legal and/or financial services. Legal consultations related to employment matters are excluded. Additional restrictions may apply. Program availability may vary by plan type and location and are not available where prohibited by law.



Questions + Answers

What changes are effective June 1, 2025, thru May 31, 2026?

- You must **re-enroll** during Open Enrollment to continue your benefits participation.
- Enrollment or termination of individual and/or dependent coverage in a health plan
- Choose one of the three low cost MEC Plans including Hospital Indemnity Benefits OR the Major Medical Plan
- Pick one of the quality dental plans from Delta Dental for you and your dependents
- You may enroll yourself and your dependents in the VSP Vision Plan
- Pick a supplemental plan from Manhattan Life including, Group Accident Insurance, Critical Illness, Cancer Assist and/or Disability Insurance

What forms must be completed?

- Enrollment or Waiver Form for Medical/Dental/Vision Plan for you and/or your dependents; these are available in your Enrollment Portal at:
 - For Agents: www.enrollvb.com/quility

Open Enrollment Is Here

Protect Your Biggest Asset – **Your Health**

Despite your best efforts to follow a healthy lifestyle, illnesses and injuries occur.

With the Protect-the-Protector benefits, you and your family will always be covered!



What's Next?



Click the link for the self-guided enrollment path www.enrollvb.com/quility



To verify your eligibility, enter the last four digits of your Agent ID and date of birth and sign in to review each benefit.



(Takes approx. 15 – 20 mins)

- Your Agent ID and your date of birth
- Have your dependents dates of birth and Social Security #'s
- Review and make your benefits elections or waive coverage
- E-sign forms or waivers

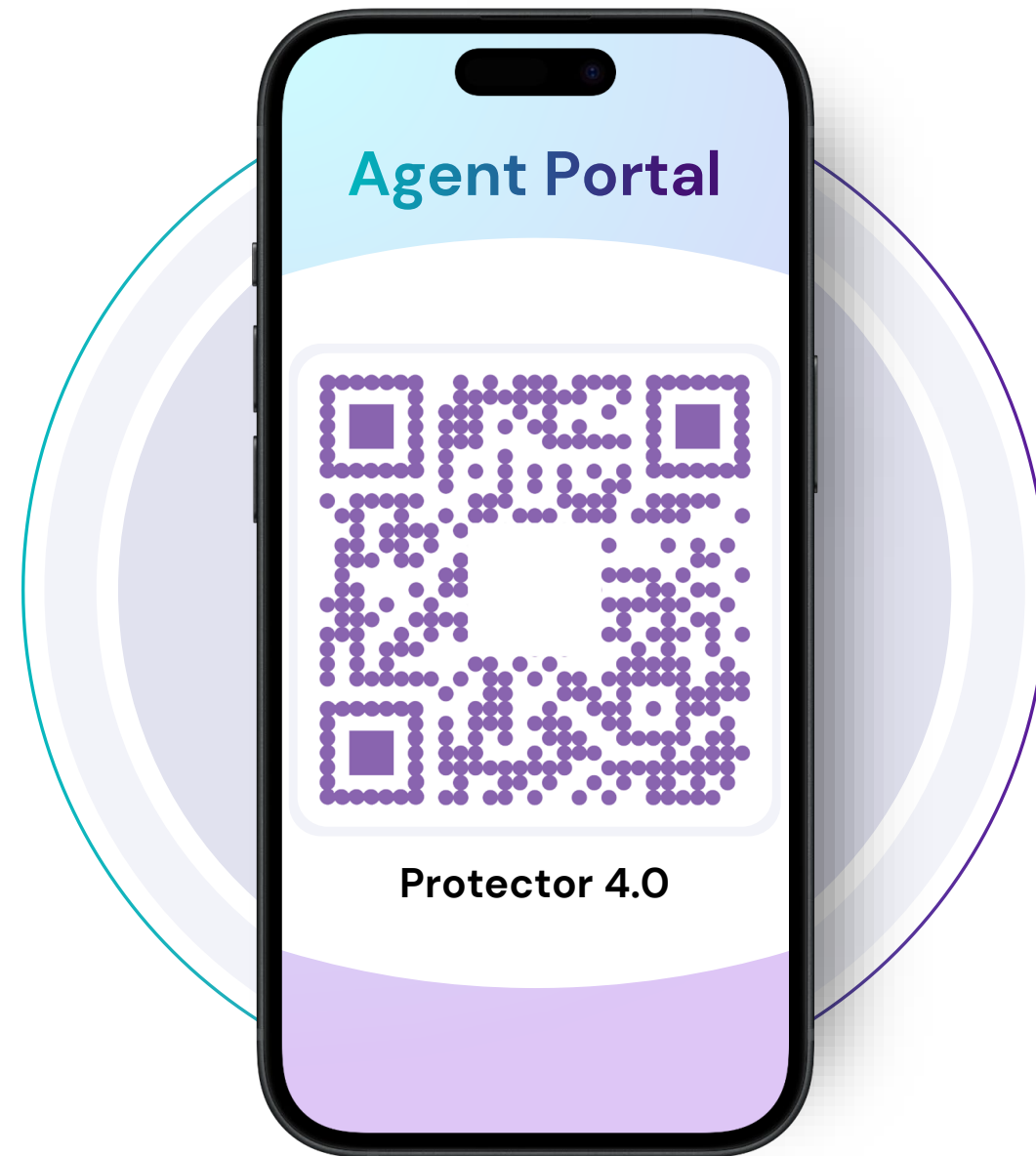


Open Enrollment Is Here

If you have questions about your options or need assistance, please contact the **Protect The Protector Enrollment Division** at:

 (770) 709-6499

Ongoing Open Enrollment for newly onboarded agents. Do not wait, login in to elect your benefits before your eligibility ends.



Questions + Answers

If I want to re-enroll, sign up for the 1st time, or make changes, what forms must be completed?

You must complete the Medical, Dental & Vision Enrollment/Change Form in the Enrollment portal to change medical plans or individual/dependent coverage levels in the medical/dental/vision plans

Where do I find these forms?

All documents and enrollment forms will be completed using our new online benefits portal. An enrollment representative will meet with you over the phone to assist with the process if requested.

When are the forms due and where do I return them?

All forms must be completed using the Portal 15 days before your benefits effective date.

Other Information

If you have questions about your options or need assistance with your enrollment process, please contact the Protect The Protector | MyHealth Enrollment Division at **P: (770) 709-6499**.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided from multiple resources. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.

Benefits Directory

| Company Name | Description | Phone | URL |
|---|---|---------------------|--|
| Enrollment Division (EnrollVB) | Enrollment Team and Online Portal | 770-709-6499 | <ul style="list-style-type: none"> For Agents: www.enrollvb.com/quility |
| SBMA Benefits GRP #70210001 (QHL) | MEC or Major Medical Plan(s) | 888-505-7724, Opt 1 | Member Support / FAQ's |
| | Provider Search | 888-263-7543 | www.Multiplan.us Click: Find a Provider, then <ul style="list-style-type: none"> Select Network PHCS Specific Services |
| Beazley Insurance Company GRP #GLI5B000048 | Group Limited Hospital Indemnity (GLI) Provider Search | 800-508-3238 | www.firstthealthlbp.com |
| PureRX | Pharmacy Benefits | 888-899-5122 | member.procarerx.com/account/register |
| | RX Formulary Search | | www.sbmabenefits.com/purerx |
| Delta Dental GRP #04467-06103 | Dental Benefits | 800-452-9310 | www.deltadentalct.com |
| VSP GRP #04467-06103 | Vision Benefits | 800-877-7195 | www.vsp.com/eye-doctor |
| RecuroCare | Telemedicine Employee Assistance Plan (EAP) | 855-6RECURO | https://recurohealth.com/ |
| HealthWallet | All-in-One Mobile Hub | 866-918-7735 | https://www.thehealthwallet.com/ |

Benefits Directory



| Division | Description | Phone | URL |
|---------------------|--------------------------|--------------------|--|
| Customer Service | General Information | 855-448-6982 Ext 2 | |
| Claim Submission(s) | Submit a claim via email | 855-448-6982 Ext 2 | Email: VBClaimsSubmissions@manhattanlife.com |
| Claim Form Webpage | Submit a claim via web | 855-448-6982 Ext 2 | URL: www.manhattanlife.com/Employers/Group-Products/Claim-Forms |





Contact for More Information

Member Service Team



memberservices@triforta.com



www.triforta.com

Who is eligible?



If you are a **SFG Agent**, you're eligible to enroll in the benefits outlined in this guide.

- **Full-time agents** are those who have fully onboarded with Symmetry.
- Eligible family members include:
 - Your Spouse or Domestic Partner
 - Your Dependent Child(ren)



If you are on a **Quility B2B Team**, you're eligible to enroll in the benefits outlined in this guide.

- **Full-time agents** are those who have fully onboarded with a qualified **B2B Org**.
- Eligible family members include:
 - Your Spouse or Domestic Partner
 - Your Dependent Child(ren)



SAVVOS

**Simplifying the Healthcare Experience
with the largest cash pay marketplace
for medical procedures**

How Does Savvos Work?

- Visit www.savvos.com/sbma to log in or register
- Search for the care you need
- Chat with your provider to confirm costs and schedule procedure
- Make pre-determined payment and eliminate surprise billing

What is savvos?

Savvos is a healthcare marketplace that makes it simple to find great providers that offer affordable cash prices.

By knowing the price in advance, you can reduce costs up to 90% compared to typical hospital prices!

What types of procedures?

○ SURGERY

Includes hip and rotator cuff, hysterectomy, gallbladder, ACL repair, arthroscopy, sinuslectomy, ear tubes, total knee replacement, kidney stones, and more

○

Includes CT scan, MRI, ultrasound, X-ray, and more

Includes colonoscopy, mammogram, PT, maternity, steroid injection, and more.



Questions: 801-938-4544